

Zoning Amendment Application

Town of Moncks Corner

Planning Department

Amendment # _____

Date: _____

Property Owner: _____

Owner Address: _____

Owner Phone Number: _____

Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____

Property Interest: _____

Property Location: (a plat must accompany this application)

Do Not Write In This Space

Advertised: _____

Public Hearing: _____

Receipt #: _____

Property Posted: _____

Fee Paid: _____

Application Taken By: _____

Tax Map Number: _____

Lot Area: _____

Present Zoning: _____

Requested Zoning: _____

Property Characteristics: _____

Frontage on Public Road: _____ Water Available? Yes ☐ No ☐ Sewer Available? Yes ☐ No ☐

Current Use of Property: _____

Proposed Use of Property: _____

Has any application involving this property been considered previously by the Moncks Corner Planning Commission or Zoning Board of Adjustments? If yes, please state details.

Reasons for request and any supporting information:

Property Owner's Signature : _____

Date: _____

Approved ☐ Date: _____

Chairman _____

Disapproved ☐

Planning Commission

City Council Approved ☐ Disapproved ☐ Date: _____